



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WOODLAWN HOSPITAL

City of Hospital: Rochester

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

Email Address: cbowers@woodlawnhospital.com

Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$24877158
Outpatient Patient Service Revenue	\$108624540
Total Gross Patient Service Revenue	\$133501698

2. Deductions From Revenue

Contractual Allowance	\$76170260
Other Deductions	\$0
Total Deductions	\$76170260

3. Total Operating Revenue

Net Patient Service Revenue	\$57331437
Other Operating Revenue	\$4832390
Total Operating Revenue	\$62163827

4. Operating Expenses

Salaries and Wages	\$25216805	Employee Benefits	\$7955233
Depreciation and Amortization	\$1841038	Interest Expense	\$594540
Bad Debt	\$3315243	Other Expenses	\$20972802
Total Operating Expenses	\$59895661		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2268505	Total Assets	\$39077268
Net Non-operating Gains over Loss	\$-6083	Total Liabilities	\$39077268

Total Net Gains	\$2262422
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$38648685	\$38441522	\$207163
Medicaid	\$14183920	\$9853279	\$4330641
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$73655875	\$27875459	\$45780416
Total	\$126488480	\$76170260	\$50318220

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$19098	\$32326	\$-13228
Community Education	\$1402	\$0	\$1402

Number of Medical Professionals Trained	325
Number of Hospital Patients Educated	183
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1167516
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1167516	
HCI Payments	\$0		
Subtotal	\$0	\$1167516	\$-1167516
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,224,208		
Subtotal	\$1224208	\$0	\$1224208
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$4092427	\$0	
Total	\$5316635	\$0	\$5316635

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$305564	\$-305564
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$395.75	\$77622.51	\$-77226.76
Other Allocations	\$0	\$0	\$0

Comments